

Region VII Behavioral Health Board meeting

September 13, 2013

150 Shoup Ave, 2nd floor

10:30 to 2:00

Children's Mental Health Committee

Welcome to & Introductions – Paul Roberts

Approval of minutes from 08.09.2013 meeting – Paul Roberts

Vote on legislative event – group

Optum presentation – Becky DiVittorio, Executive Director, Optum Idaho

Medicaid presentation – Pat Martelle, Program Manager - Medicaid, Dept. of Health & Welfare

QPR training - Jeni Griffin

Next Meeting Date: October 11, 2013

Region 7 Combined Mental Health Board and RAC meeting

Aug. 9, 2013

150 Shoup Ave., 2nd floor conference room

Mental Health Board Members in Attendance: Shane Boyle, Janet Goodliffe, John Hathaway, Becky Hymas, Sam Hulse, Kelly Keele, John Landers, Paul Roberts, Paul Roberts, Randy Rodriquez, John Tanner

Guests in Attendance: Gail Baker, Corinne Bird, Kellie Brown, Lisa Bridges, Darin Burrell, Jeni Griffin, Lauri Hayes, Doug Hulett, Kama Johnson, Dave Klepich, Greg Lewis, Paul Megio, Alisha Passey, Brenda Price, Gary Rillema, John Shindurling, Robert Sidwell, Tamera Smith, Emily Ricks, Martha Tanner, Russ Wheatley,

Meeting was opened by Paul Roberts and introductions were made.

Minutes were read and a motion to accept the minutes was made by Darin Burrell and seconded by John Tanner. Minutes were approved by a vote.

Greg Lewis and Gail Baker -- IDOC

- IDOC went over their 4 Million dollar budget last fiscal year. They were able to go over because other sources were able to help them with some funds to ensure that treatment continued.
- Russ Wheatley asked why District 6 spent more than District 7. Greg said that there were some unfilled positions in District 7 that impacted spending in the District.
- Greg reported that Medicaid offers more services than the treatment that IDOC authorizes, so Medicaid funds will be billed for services if a person has Medicaid. Paul Megio asked what percentage of the IDOC population will have Medicaid. Greg estimates that about 5% of the people in the IDOC system have Medicaid.
- Lisa Bridges asked if it is possible to shorten the time between a person receiving an assessment and starting treatment. They said that they open up pre-treatment before sentencing if the judge orders it.

Lisa Koller -- Peer Specialist, DHW

- A Peer Specialist has to have a mental health diagnosis and be in recovery.
- Lisa works on the ACT team with Mental Health Court clients. She facilitates MRT groups.
- Peer Specialists are not required to have the same kind of boundaries with a client that a clinician would have. They are able to share their past experience to build relationships and give hope to the client that they too can recover.
- Some Peer Specialists work for DHW with the PATH program, which helps the homeless population with resources to find housing.
- Lisa is also involved with a local group that does activities a couple of times a month. These activities might include camping, barbecues, boating, as well as other pro-social activities.

Lynn Whiting – CMH Committee update

- There were three articles about children's mental health in the Post Register. Lynn wants feedback on whether the group thinks those types of articles are effective.
- The State Planning Council meets next week. Please let Lynn know if there are local activities that should be discussed/promoted with the Planning Council.
- Children's Mental Health is planning on being a part of the mental health conference in October.

Randy Rodriquez (DHW Behavioral Health Program Manager)

- DHW will be transitioning Medicaid clients to community providers. This won't happen on a specific date and will happen over a period of time.
- John Tanner asked whether Optum will handle dual eligible clients, meaning those with Medicaid and Medicare. Kelly Keele said that those clients will be handled by Blue Cross/Blue Shield.
- Randy said that DHW will continue to do the Mental Health Court treatment.

Brenda Price (DHW Community Resource Development Specialist)

- Some updates on Optum
 - Optum Idaho clinical model states that their regional representatives will be meeting with the Behavioral Health Boards.
 - The Optum Member access and crisis line and customer services lines will be active Aug. 12.
- There will be a Recovery Coach training the week of October 7th in Blackfoot.
- There will be Peer Specialist training the week of Nov. 11th in Boise.
- Brenda asked the group if there was any interest in starting a data evaluation committee. John and Martha Tanner volunteered to work on that issue. Lisa Bridges said that Optum has good data collections function. Janet Goodliffe said that Eric Gee, in the BYU-I Psychology dept., could help to gather data.
- Jeni Griffin will be doing a QPR training next month as part of the Behavioral Health Board meeting. She is willing to travel to do these trainings for various groups, including staff meetings.

There was some group discussion about balancing HIPAA requirements against the needs of getting help to people. Also discussed was that a person with a behavioral health problem may not accurately report their symptoms or feelings in order to avoid treatment.

Sam Hulse – Bonneville County Sheriff's Office

- There will be a CIT training in November. Sam will share details when they come available.
- The drop-off center is still being discussed. They are looking for a grant to support it.
- The BCSO is seeing issues with people who have dementia, which isn't classified as a mental illness and so they can't place them on a protective hold.

Doug Hulett - BPA

- Clients with Medicaid can get RSS.

- BPA received an Intent to Award letter from DHW.
- Doug recommended that all the providers should know and understand the concept of medical necessity since Optum will be making care decisions on that.

Paul Megio – District 7 Juvenile SUDS coordinator

- The IDJC funds were 86% spent out this past fiscal year. A large number of the juveniles are Medicaid clients.

John Tanner – NAMI

- John asked whether the Behavioral Health legislation would go forward again in this upcoming legislative session. John Hathaway said that it would be presented again. Martha Tanner said that NAMI would oppose the legislation again.

John Hathaway – DHW Regional Director

- John said that the state is gearing up for open enrollment. They estimate that about 46,000 people will be added to the rolls of Medicaid since the eligibility limits have changed and also because people will be required to have insurance.

Janet Goodliffe – Madison Cares

- Madison Cares has won a number of awards recently for their work and prevention campaigns.
- They are reconsidering the mental health summit in October. They are having a hard time making the schedules work with speakers.
- Madison Cares has a new clinical director, Rick Cross.

Jeni Griffin – SPAN Idaho

- The Idaho Military Behavioral Health Alliance is doing a suicide prevention training for military in Pocatello.

Corrinne Bird – PHD7 Medical Home Coordinator

- There will be an Adolescent Depression Screening training for medical providers in Pocatello on Sept. 25th.

Lisa Bridges - Integrated Healthcare & Counseling

- Lisa sits on the Office of Drug Policy Prescription Drug Committee. The pharmacy board is trying to shorten the time that it takes to update the system.

Alisha Passey – Bonneville Youth Development Council

- The BYDC youth are raising money to attend a marijuana conference in California.

Gary Rillema – PHD7

- Gary said that the Public Health Departments are trying to get information out to the public about the healthcare exchange.

Alisha Passey moved to adjourn the meeting. Becky Hymas seconded that motion. Meeting was adjourned.

SECTION 1. That the Heading for Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended to read as follows:

CHAPTER 31
REGIONAL MENTAL BEHAVIORAL HEALTH SERVICES

SECTION 2. That Section 39-3123, Idaho Code, be, and the same is hereby repealed.

SECTION 3. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3122, Idaho Code, and to read as follows:

39-3122. DECLARATION OF POLICY. It is the policy of this state to provide treatment services for its citizens living with mental illness and/or substance use disorder. These illnesses cause intense human suffering and severe social and economic loss to the state. Regional behavioral health services, providing early and appropriate diagnosis and treatment, have proven to be effective in reducing the adverse impact of these conditions and valuable in creating the possibility of recovery. Families play a key role in the successful treatment of mental illness and substance abuse disorders and provision of behavioral health services. Acknowledging the policy of the state to provide behavioral health services to all citizens in need of such care, it is the purpose of this chapter to delegate to the state behavioral health authority the responsibility and authority to establish and maintain regional behavioral health services in order to extend appropriate mental health and substance use disorder treatment services to its citizens within all regions of the state.

SECTION 4. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3123, Idaho Code, and to read as follows:

39-3123. DEFINITIONS.

(1) "Behavioral health" means a person's over- all emotional and psychological condition, including a person's cognitive and emotional capabilities, the ability to function in society and other skills needed to meet the ordinary demands of everyday life. It also describes the evaluation and treatment of a person's combined mental health and substance use.

(2) "Region" means the administrative regions as defined by the department of health and welfare. Two (2) or more regions may consolidate for the purposes of this chapter.

(3) "State behavioral health planning council" means Idaho's council of consumers, advocates and professionals charged with reviewing the state's behavioral health system and advising the governor, legislature and agency leaders on the successes and challenges of the behavioral health system in Idaho.

(4) "Substance use disorder" means the misuse or excessive use of alcohol or other drugs or substances that significantly impact an individual's functioning.

Comment [ERD-C31]: Removed definitions of SPMI, SMI, SED, and BH Authority

SECTION 5. That Section 39-3124, Idaho Code, be, and the same is hereby amended to read as follows:

39-3124. DESIGNATION OF STATE MENTAL HEALTH AUTHORITY AND STATE SUBSTANCE USE DISORDER AUTHORITY. The Idaho department of health and welfare is hereby designated the state mental health authority and the state substance use disorder authority, hereinafter referred to as the behavioral health

authority. The state mental behavioral health authority is responsible for overseeing the State of Idaho Behavioral Health system of care. The Department shall takeing into consideration and incorporating, wherever possible, the recommendations and evaluations of the state behavioral health planning council on mental health and the regional mental behavioral health boards in all statewide efforts to expand, improve, modify or transform the mental health and substance use disorder service delivery system of the state. The state mental behavioral health authority shall identify the resources necessary for these efforts to be implemented on a statewide basis.

Comment [ERD-C32]: Added language that state BH Authority will oversee the State BH System

SECTION 6. That Section 39-3125, Idaho Code, be, and the same is hereby amended to read as follows:

39-3125. STATE BEHAVIORAL HEALTH PLANNING COUNCIL ON MENTAL HEALTH. (1) A state behavioral health planning council, hereinafter referred to as the planning council, shall be established to serve as an advocate for adults with a severe serious mental illness, and for children with a seriously emotional ly-disturbed children disturbance and youth for adults and children with substance use disorders; to advise the state mental behavioral health authority on issues of concern, on policies and on programs and to provide guidance to the mental behavioral health authority in the development and implementation of the state mental behavioral health systems plan; to monitor and evaluate the allocation and adequacy of mental behavioral health services within the state on an ongoing basis; to monitor and evaluate the effectiveness of state laws that address mental health and substance use services; to ensure that individuals with severe serious mental illness, and serious emotional disturbances and/or substance use disorders have access to prevention, treatment, prevention and rehabilitation services including these services that go beyond the traditional mental health system; to serve as a vehicle for intra-agency and interagency policy and program development; and to present to the governor, the judiciary and the legislature by June 30 of each year a report on the council's achievements activities and the impact on the quality of life that mental an evaluation of the current effectiveness of the behavioral health services has on citizens of provided directly or indirectly by the state.

(2) The planning council shall be appointed by the governor and be comprised of no less more than fifty percent (50%) family members and consumers with mental illness state employees or providers of behavioral health services. Membership shall also reflect to the extent possible the collective demographic characteristics of Idaho's citizens. The planning council membership shall strive to include representation from consumers, families of adult individuals with severe serious mental illness or substance use disorders; families of children or youth with serious emotional disturbance or substance use disorders; principal state agencies including the judicial branch with respect to mental behavioral health, education, vocational rehabilitation, criminal justice adult correction and juvenile justice, title XIX of the social security act and other entitlement programs; public and private entities concerned with the need, planning, operation, funding and use of mental health services or substance use disorders, and related support services; and the regional mental behavioral health board in each department of health and welfare region as provided for in section 39-31302, Idaho Code. The planning council may include members of the legislature and the state judiciary.

(3) The planning council members will serve a term of two (2) years or at the pleasure of the governor, provided however, that of the members first

appointed, one-half (1/2) of the appointments shall be for a term of one (1) year and one-half (1/2) of the appointments shall be for a term of two (2) years. The governor will appoint a chair and a vice-chair whose terms will be two (2) years.

(4) The council may establish subcommittees at its discretion.

SECTION 7. That Section 39-3126, Idaho Code, be, and the same is hereby amended to read as follows:

39-3126. DESIGNATION OF REGIONS FOR COMPREHENSIVE-MENTAL REGIONAL BEHAVIORAL HEALTH SERVICES CENTERS. Recognizing both the ~~right need~~ of every citizen to receive the best mental behavioral health services that the state is able to provide within budgetary confines and the disproportionate ability of counties to finance mental behavioral health services, the state mental behavioral health authority shall designate regions and be responsible for establishing regional comprehensive-mental behavioral health services centers for all areas of the state. In the establishment of regions, primary consideration will be given to natural population groupings and trading service areas, the regions previously designated for the establishment of other health services, the mental behavioral health needs of the people within the proposed regions, and the appropriate maximal use of available funding.

SECTION 8. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3127, Idaho Code, and to read as follows:

39-3127. COORDINATION OF SERVICES BETWEEN REGIONS AND STATE. The director of the department of health and welfare shall establish the areas of coordination between the regional behavioral health centers and the state psychiatric hospitals.

SECTION 9. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3128, Idaho Code, and to read as follows:

39-3128. FACILITIES FOR BEHAVIORAL HEALTH CENTERS. The state behavioral health authority may contract for the lease of facilities appropriate for the establishment of behavioral health centers. In order to encourage the development of comprehensive and integrated health care and whenever feasible and consistent with behavioral health treatment, these facilities shall be in or near facilities within the region housing other health services. The state behavioral health authority may, when necessary, contract with public or private agencies for the construction of appropriate facilities when approved by the advisory council for the construction of community mental health centers.

SECTION 10. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3129, Idaho Code, and to read as follows:

39-3129. DIVISION ADMINISTRATOR FOR REGIONAL BEHAVIORAL HEALTH CENTERS -- DUTIES. The director of the department of health and welfare shall appoint a division administrator to manage the regional behavioral

health centers and shall supervise its program; shall prescribe uniform standards of treatment and care provided by each regional center; shall set the professional qualifications for staff positions; and make such other rules as are necessary and proper to carry out the purposes and intent of this chapter.

SECTION 11. That Section 39-3127, Idaho Code, be, and the same is hereby amended to read as follows:

Comment [ERD-C33]: Moved section up to this from below to gather all the sections related to the state BH centers together rather than split up as

39-312730. RECIPROCAL AGREEMENTS BETWEEN STATES TO SHARE SERVICES. In such regions where natural population groupings overlap state boundaries, as interstate regional comprehensive mental behavioral health service may be established jointly with a neighboring state or states. In such instances, the state mental behavioral health authority may enter into reciprocal agreements with these states to wither share the expenses of the services in proportion to the population served; to allow neighboring states to buy services from Idaho; or to allow Idaho to purchase services that are otherwise not available to her its citizens.

SECTION 12. That Section 39-3128, Idaho Code, be, and the same is hereby amended to read as follows:

39-312831. BEHAVIORAL HEALTH SERVICES TO BE OFFERED. A The regional mental behavioral health service center shall include one (1) or more of the provide or arrange for the delivery of services that, combined with community recovery support provided through the regional behavioral health boards, medicaid and services delivered through a private provider network, will leading to the establishment of a regional comprehensive mental regional behavioral health center system of care that incorporates patient choice and family involvement to the extent reasonably practicable and medically and professionally appropriate. A comprehensive mental The regional behavioral health center may include such shall provide or arrange for the delivery of the following services as:

(1) Short-term hospitalization for psychiatric treatment in an approved medical facility within the region Evaluation and intervention for individuals experiencing a behavioral health emergency;

(2) Partial hospitalization Hospital precare and postcare services, in cooperation with state and community psychiatric hospitals, for individuals who have been committed to the custody of the director of health and welfare pursuant to sections 18-212 and 66-329, Idaho Code, or who are under an involuntary treatment order pursuant to chapter 24, title 16, Idaho Code;

(3) Outpatient diagnosis and treatment Evaluation and securing mental health treatment services as court ordered for individuals pursuant to section 19-2524, 20-511A or 20-519B, Idaho Code;

(4) 24-hour emergency psychiatric services Evaluation and securing treatment services for individuals who are accepted into mental health courts;

(5) Community consultation and education Treatment services to individuals who do not have other benefits available to meet their behavioral health needs as resources allow including, but not limited to, psychiatric services, medication management, outpatient and intensive outpatient services, assertive community treatment, case management and residential care; and

(6) Diagnostic services for other agencies; Community recovery support services as defined in section 39-3133(8), Idaho Code, until the regional behavioral health board can meet the criteria necessary to be responsible for these services.

(7) Rehabilitative services;

Comment [ERD-C34]: I took out reference to SPMI, SMI, & SED.

~~(8) Pre-care and post-care services in cooperation with a state mental hospital;~~

~~(9) Training of mental health personnel;~~

~~(10) Research and evaluation;~~

~~(11) Transitional housing for individuals, including juveniles, with mental illness and/or addiction disorders to promote and sustain the ability of these individuals to live in the community and avoid institutionalization; and~~

~~(12) Intensive supportive services such as those delivered by assertive community treatment teams. Assertive community treatment teams provide individualized treatment, rehabilitation and support services to the severely and persistently mentally ill.~~

SECTION 13. That Section 39-3129, Idaho Code, be, and the same is hereby repealed.

SECTION 14. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3131, Idaho Code, and to read as follows:

39-3132. REGIONAL BEHAVIORAL HEALTH BOARDS -- ESTABLISHMENT. There is hereby created and established in each judicial district according to chapter 8, title 1, Idaho Code, a regional behavioral health board. It is the legislative intent that the regional behavioral health boards operate and be recognized not as a state agency or department, but as governmental entities whose creation has been authorized by the state, much in the manner as other single purpose districts. However, the regional behavioral health boards shall have no authority to levy taxes. For the purposes of section 59-1302(15), Idaho Code, the seven (7) regional behavioral health boards created pursuant to this chapter shall be deemed governmental entities. The regional behavioral health boards are authorized to provide the community recovery support services identified in section 39-3133 (7), Idaho Code. The services identified in section 39-3133(7), Idaho Code, shall not be construed to restrict the services of the regional behavioral health board solely to these categories.

SECTION 15. That Section 39-3131, Idaho Code, be, and the same is hereby repealed.

SECTION 16. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3132, Idaho Code, and to read as follows:

39-3133. EXECUTIVE COMMITTEE OF THE REGIONAL BEHAVIORAL HEALTH BOARDS. Each regional behavioral health board shall annually elect from within its membership an executive committee of five (5) members empowered to make fiscal, legal and business decisions on behalf of the full board or join with another governmental entity that can fulfill the same management infrastructure function. If the regional behavioral health board elects to create their own internal executive committee, the membership shall be representative of the regional behavioral health board membership and must, at a minimum, include one (1) mental health consumer or advocate and one (1) substance use disorder consumer or advocate. The executive committees or the partner public entity shall have the power and duty, on behalf of the regional behavioral health boards, to:

(1) Establish a fiscal control policy as required by the state controller;

(2) Enter into contracts and grants with other governmental and private agencies, and this chapter hereby authorizes such other agencies to enter into contracts with the regional behavioral health boards, as deemed neces-

Comment [ERD-C35]: To allow partnerships with Public Health Districts or be a free standing public entity.

Comment [ERD-C36]: Same as above

sary to fulfill the duties imposed upon the board to promote and sustain the ability of individuals with behavioral health disorders to live in the community and avoid institutionalization;

(3) Develop and maintain bylaws as necessary to establish the process and structure of the board; and

(4) Employ and shall fix the compensation, subject to provisions of chapter 53, title 67, Idaho Code, of such personnel as may be necessary to carry out the duties of the regional behavioral health boards.

(5) All meetings of the executive committee shall be held in accordance with the open meeting law as provided for in chapter 23, title 67, Idaho Code.

SECTION 17. That Section 39-3130, Idaho Code, be, and the same is hereby amended to read as follows:

39-31304. REGIONAL MENTAL BEHAVIORAL HEALTH BOARD -- MEMBERS -- TERMS -- APPOINTMENT. A regional mental behavioral health board for each region shall consist of ~~seventeen~~ twenty-two (1722) members ~~is hereby created~~ and shall be appointed as provided herein. All meetings of the regional behavioral health board shall be held in accordance with the open meeting law as provided for in chapter 23, title 67, Idaho Code. Members shall be qualified electors and shall represent comprised of the following: three (3) county commissioners; two (2) department of health and welfare employees who represent the mental behavioral health system within the region; two one (21) parents of a children with a serious emotional disturbance, ~~as defined in section 16-2403, Idaho Code, provided each parent's respective child is no older than twenty-one (21) years of age at the time of appointment;~~ one (1) parent of a child with a substance use disorder; a law enforcement officer; three one (31) adult mental health services consumer representatives, advocates or family members; one (1) mental health advocate; one (1) substance use disorder advocate; one (1) adult substance use disorder services consumer representative; one (1) family member of an adult mental health services consumer; one (1) family member of an adult substance use disorder services consumer; a private provider of mental health services within the region; a private provider of substance use disorder services within the region; a representative of the elementary or secondary public education system within the region; a representative of the juvenile justice system within the region; a representative of the adult correction system within the region; a representative of the judiciary appointed by the administrative district judge; a physician or other licensed health practitioner from within the region; and a representative of a hospital within the region; and a member of the regional advisory substance abuse authority. The consumer, parent and family representatives shall be selected from nominations submitted by mental behavioral health consumer and advocacy organizations. The board may have nonvoting members as necessary to fulfill its roles and responsibilities. The board shall meet at least twice each year, and shall annually elect a chairperson and other officers as it deems appropriate.

The appointing authority in each region shall be a committee composed of the chairperson of the board of county commissioners of each of the counties within the region, ~~the regional mental health program manager for the department of health and welfare and the regional director for~~ on the effective date of this chapter, the current chair of the regional mental health board and the current chair of the regional advisory committee and, after the initial appointment of members to the regional behavioral health board, the current chair of the regional behavioral health board and one (1) representative of the department of health and welfare. The committee shall meet annually or as needed to fill vacancies on the board. ~~The list of appointments shall be submitted to the department of health and welfare.~~

The appointing authority in each region shall determine if members of the regional mental health advisory board and the regional advisory commit-

tee who are serving on the effective date of this act chapter may continue to serve until the end of the current term of their appointment- or they may end all current appointments and create the board membership based upon the requirements of this section. If the appointing authority decides to allow current members of the board to serve out their current terms, appointments made after the effective date of this act chapter shall be made in a manner to achieve the representation provided in this section as soon as reasonably practical.

The term of each member of the board shall be for four (4) years; provided however, that of the members first appointed, one-third (1/3) from each region shall be appointed for a term of two (2) years; one-third (1/3) for a term of three (3) years; and one-third (1/3) for a term of four (4) years. After the membership representation required in this section is achieved, vacancies shall be filled for the unexpired term in the same manner as original appointments. Board members shall be compensated as provided by section 59-509(b), Idaho Code, and such compensation shall be paid from the operating budget of the regional behavioral health board as resources allow.

SECTION 18. That Section 39-3132, Idaho Code, be, and the same is hereby amended to read as follows:

39-3132~~5~~. POWERS AND DUTIES. The regional ~~mental~~ behavioral health board:

(1) Shall advise the state ~~mental~~ behavioral health authority through the state planning council on local ~~mental~~ behavioral health needs within the region;

(2) ~~Shall assist in the formulation of an operating policy for the regional service;~~

(3) ~~Shall interpret the regional mental health services to the citizens and agencies of the region;~~

(4) Shall advise the state ~~mental~~ behavioral health authority and the state planning council of the progress, problems and proposed projects of the regional service;

(5) ~~Shall collaborate with the regional advisory substance abuse authorities to develop appropriate joint programs;~~

(6) Shall promote improvements in the delivery of ~~mental~~ behavioral health services and coordinate and exchange information regarding ~~mental~~ behavioral health programs in the region;

(7) Shall identify gaps in available services including, but not limited to, services listed in sections 16-2402(3) and 39-3128, Idaho Code, and recommend service enhancements that address identified needs for consideration to the state ~~mental~~ behavioral health authority;

(8) Shall assist the state planning council on ~~mental~~ behavioral health with planning for service system improvement. The state planning council shall incorporate the recommendation to the regional ~~mental~~ behavioral health boards into the annual report provided to the governor by June 30 of each year. This report shall also be provided to the legislature; and

(9) May develop, or obtain proposals for, a ~~service plan component petition for regional services~~ for consideration by the state ~~mental~~ behavioral health authority;

(10) May accept the responsibility to develop and provide community recovery support services in their region. The board must demonstrate readiness to accept this responsibility and shall not be held liable for services in which there is no funding to provide. The readiness criteria for accepting this responsibility shall be established by the planning council. The planning council shall also determine when a regional behavioral health board has complied with the readiness criteria. Community recovery support services include, but are not limited to:

(a) Community consultation and education;

(b) Housing to promote and sustain the ability of individuals with behavioral health disorders to live in the community and avoid institutionalization;

(c) Employment opportunities to promote and sustain the ability of individuals with behavioral health disorders to live in the community and avoid institutionalization;

(d) Evidence-based prevention activities that reduce the burden associated with mental illness and substance use disorders; and

(e) Supportive services to promote and sustain the ability of individuals with behavioral health disorders to live in the community and avoid institutionalization including, but not limited to, peer run drop-in centers, support groups, transportation and family support services;

(8) Shall annually provide a report to the planning council of its progress toward building a comprehensive community recovery support system that shall include performance and outcome data as defined and in a format established by the planning council.

SECTION 19. That Section 39-3133, Idaho Code, be, and the same is hereby repealed and moved to SECTION 10 as a New Section:

SECTION 20. That Section 39-3134, Idaho Code, be, and the same is hereby repealed and moved to SECTION 8 as a New Section:

SECTION 21. That Section 39-3134A, Idaho Code, be, and the same is hereby repealed.

SECTION 22. That Section 39-3135, Idaho Code, be, and the same is hereby repealed and moved to SECTION 9 as a New Section:

SECTION 23. That Section 39-3136, Idaho Code, be, and the same is hereby amended to read as follows:

39-3136. FUNDS. The financial support for the regional mental behavioral health services centers shall be furnished by state appropriations and by whatever federal funds are available in an identifiable section within the mental behavioral health program budgets. Mental Behavioral health services which that are financed or contracted by local or federal sources may be incorporated into the regional mental behavioral health services centers subject to the approval of the state mental behavioral health authority.

SECTION 24. That Section 39-3137, Idaho Code, be, and the same is hereby amended to read as follows:

39-3137. SERVICES TO BE NONDISCRIMINATORY -- FEES. No regional mental behavioral health service center or services provided by regional behavioral health boards shall refuse service to any person because of race, color or religion or because of ability or inability to pay. Persons receiving services will be charged fees in keeping with a fee schedule prepared by the state mental behavioral health authority. Fees collected shall become part of the operating budget and may be utilized by direction of the state mental behavioral health authority.

SECTION 25. That Section 39-3138, Idaho Code, be, and the same is hereby amended to read as follows:

39-3138. EXISTING STATE-COUNTY CONTRACTS FOR SERVICES. No section of this act chapter shall invalidate, or prohibit the continuance of, exist-

ing state-county contracts for the delivery of ~~mental~~ behavioral health services within the participating counties.

SECTION 26. That Section 39-3139, Idaho Code, be, and the same is hereby amended to read as follows:

39-3139. TITLE OF ACT CHAPTER. This act ~~aet~~ chapter may be cited as the "Regional Mental Behavioral Health Services Act."

SECTION 27. That Chapter 31, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-3140, Idaho Code, and to read as follows:

39-3140. DEPARTMENT RULES. The director is authorized to promulgate rules necessary to implement the provisions of this chapter that are consistent with its provision.

DHW Expenditures as of 8/30/2013						Claims Report*	% of Year Complete
Region 7						8/30/2013	16%
Insurer	Client Count (YTD)	Sum of Paid Plus Incentive	% of Non-Medicaid	Non-Medicaid Total	Medicaid Total	Budget	% of Budget
DHW - IDHW - ATR-III - Administrative	4	\$ 258	100%	\$ 258	\$ -		
DHW - IDHW - ATR-III Adolescent Benefit	0	\$ -	100%	\$ -	\$ -		
DHW - IDHW - ATR-III Adolescent Benefit - Medicaid	1	\$ 12	30%	\$ 4	\$ 8		
DHW - IDHW - ATR-III Military Benefit	12	\$ 8,232	100%	\$ 8,232	\$ -		
DHW - IDHW - ATR-III Military Benefit - Medicaid	0	\$ -	30%	\$ -	\$ -		
DHW - IDHW - ATR-III Misdemeanor	241	\$ 90,111	100%	\$ 90,111	\$ -		
DHW - IDHW - ATR-III Misdemeanor - Medicaid	35	\$ 17,520	30%	\$ 5,256	\$ 12,264		
ATR Total	293	\$ 116,132		\$ 103,860	\$ 12,272	\$ 2,724,921	3.8%
Adult	4	\$ 7,396	100%	\$ 7,396	\$ -	\$ 100,000	7.4%
Adult-Medicaid	0	\$ -	30%	\$ -	\$ -		
Adult Total	4	\$ 7,396		\$ 7,396	\$ -		
Adolescent			100%	\$ -	\$ -	\$ 100,000	0.0%
Adolescent-Medicaid	0	\$ -	30%	\$ -	\$ -		
Adolescent Total	0	\$ -		\$ -	\$ -		
CP-SUD	14	\$ 2,515	100%	\$ 2,515	\$ -	\$ 750,000	0.3%
CP-SUD - Medicaid	0	\$ -	30%	\$ -	\$ -		
CP-SUD Total	14	\$ 2,515		\$ 2,515	\$ -		
DV Court	32	\$ 14,730	100%	\$ 14,730	\$ -	\$ 429,000	3.7%
DV Court- Medicaid	5	\$ 3,256	30%	\$ 977	\$ 2,279		
DV Court Misdemeanor Total	37	\$ 17,986		\$ 15,707	\$ 2,279		
IVDU	50	\$ 22,462	100%	\$ 22,462	\$ -	\$ 1,000,000	2.4%
IVDU - Medicaid	9	\$ 4,824	30%	\$ 1,447	\$ 3,376		
IVDU Total	59	\$ 27,286		\$ 23,909	\$ 3,376		
PWWC	12	\$ 6,226	100%	\$ 6,226	\$ -	\$ 450,000	2.0%
PWWC - Medicaid	12	\$ 9,240	30%	\$ 2,772	\$ 6,468		
PWWC Total	24	\$ 15,465		\$ 8,998	\$ 6,468		
State Hospital	8	\$ 4,669	100%	\$ 4,669	\$ -	\$ 325,000	1.5%
State Hospital - Medicaid	3	\$ 1,161	30%	\$ 348	\$ 813		
State Hospital Total	11	\$ 5,830		\$ 5,017	\$ 813		
Mental Health Court	1	\$ 65	100%	\$ 65	\$ -	\$ 300,000	1.9%
Mental Health Court - Medicaid	4	\$ 18,364	30%	\$ 5,509	\$ 12,855		
Mental Health Court Total	5	\$ 18,429		\$ 5,574	\$ 12,855		
Misdemeanant PSC			100%	\$ -	\$ -	\$ 275,000	0.0%
Misdemeanant PSC - Medicaid			30%	\$ -	\$ -		
Misdemeanant PSC Total	0	\$ -		\$ -	\$ -		
Medicaid Only	86	\$ 25,961	30%	\$ 7,788	\$ 18,173	\$ 916,667	
Medicaid Only Total	86	\$ 25,961		\$ 7,788	\$ 18,173		
Unknown / Ineligible / Reserve	101	\$ 1,352	100%	\$ 1,352	\$ -	\$ 546,455	
Non-Medicaid Total				\$ 182,117		\$ 7,917,043	2.3%
Medicaid Total					\$ 56,236		
Grand Total	634	\$ 238,352			\$ 238,352	\$ 7,917,043	3.0%

IDOC FY14 Substance Use Disorder Utilization Report

Report date: 8/23/2013

YTD 8/15/13

Treatment	D1	D2	D3	D4	D5	D6	D7	Grand Total
Assessment ONLY	\$5,481.03	\$1,303.97	\$10,763.67	\$17,584.01	\$434.02	\$5,580.23	\$4,712.20	\$45,859.13
Institution Assessment	\$4,165.50	\$1,364.05	\$13,566.10	\$7,700.71		\$5,505.81	\$2,827.31	\$35,129.48
Institution Assessment - Travel	\$93.27	\$346.50	\$1,212.84	\$27.68		\$110.92	\$56.60	\$1,847.81
IDOC - Pre-Treatment Services	\$5,266.34	\$1,885.96	\$11,290.01	\$20,388.06	\$3,533.66	\$7,230.60	\$5,191.95	\$54,786.58
IDOC - Stage 1: Level I - Outpatient	\$12,020.13	\$12,530.94	\$24,617.70	\$51,962.89	\$9,186.31	\$13,173.80	\$10,748.64	\$134,240.41
IDOC - Stage 1: Level II - Intensive Outpatient	\$1,724.55	\$13,334.38	\$12,402.47	\$20,103.11	\$2,663.18	\$12,866.89	\$3,628.75	\$66,723.33
IDOC - Stage 2: Level I - Outpatient	\$13,352.37	\$10,973.68	\$31,713.69	\$42,796.15	\$17,100.95	\$21,493.12	\$11,796.87	\$149,226.83
IDOC - Stage 2: Level II - Intensive Outpatient	\$620.32	\$16,900.98	\$6,229.46	\$12,944.51	\$682.66	\$6,178.97	\$5,602.16	\$49,159.06
Level III.2 - Adult Detoxification	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$42,723.51	\$58,640.46	\$111,795.94	\$173,507.12	\$33,600.78	\$72,140.34	\$44,564.48	\$536,972.63
Support Services								
Child Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug Testing	\$5,737.50	\$6,520.50	\$8,734.50	\$19,399.50	\$4,951.50	\$1,930.50	\$256.50	\$47,530.50
IDOC - Case Management (Basic & Intensive)	\$471.28	\$1,877.28	\$4,440.56	\$17,334.84	\$1,539.88	\$7,495.73	\$3,590.24	\$36,749.81
IDOC - Life Skills (Individual & Group)		\$112.88	\$47.28	\$875.58		\$104.96	\$26.24	\$1,166.94
Oral Interpreter / Sign Language (includes travel)						\$200.00		\$200.00
Staffed Safe and Sober Adult Housing	\$2,070.00	\$598.00	\$1,805.50	\$20,723.00			\$322.00	\$25,518.50
Transportation		\$2,192.22	\$1,413.17	\$14,098.35	\$1,585.68	\$3,574.65	\$2,502.00	\$25,366.07
Total	\$8,278.78	\$11,300.88	\$16,441.01	\$72,431.27	\$8,077.06	\$13,305.84	\$6,696.98	\$136,531.82
Administrative Cost								
Direct Client Services - Screening & Chart Review								\$80,481.81
Total								\$80,481.81
Grand Total	\$51,002.29	\$69,941.34	\$128,236.95	\$245,938.39	\$41,677.84	\$85,446.18	\$51,261.46	\$753,986.26
Average Cost per Unit of Care	\$39.91	\$42.08	\$40.62	\$28.06	\$34.11	\$44.27	\$39.71	\$4.17
Average of Length of Stay	169	164	157	136	177	187	168	165

Unique Client Counts (8/18/13)

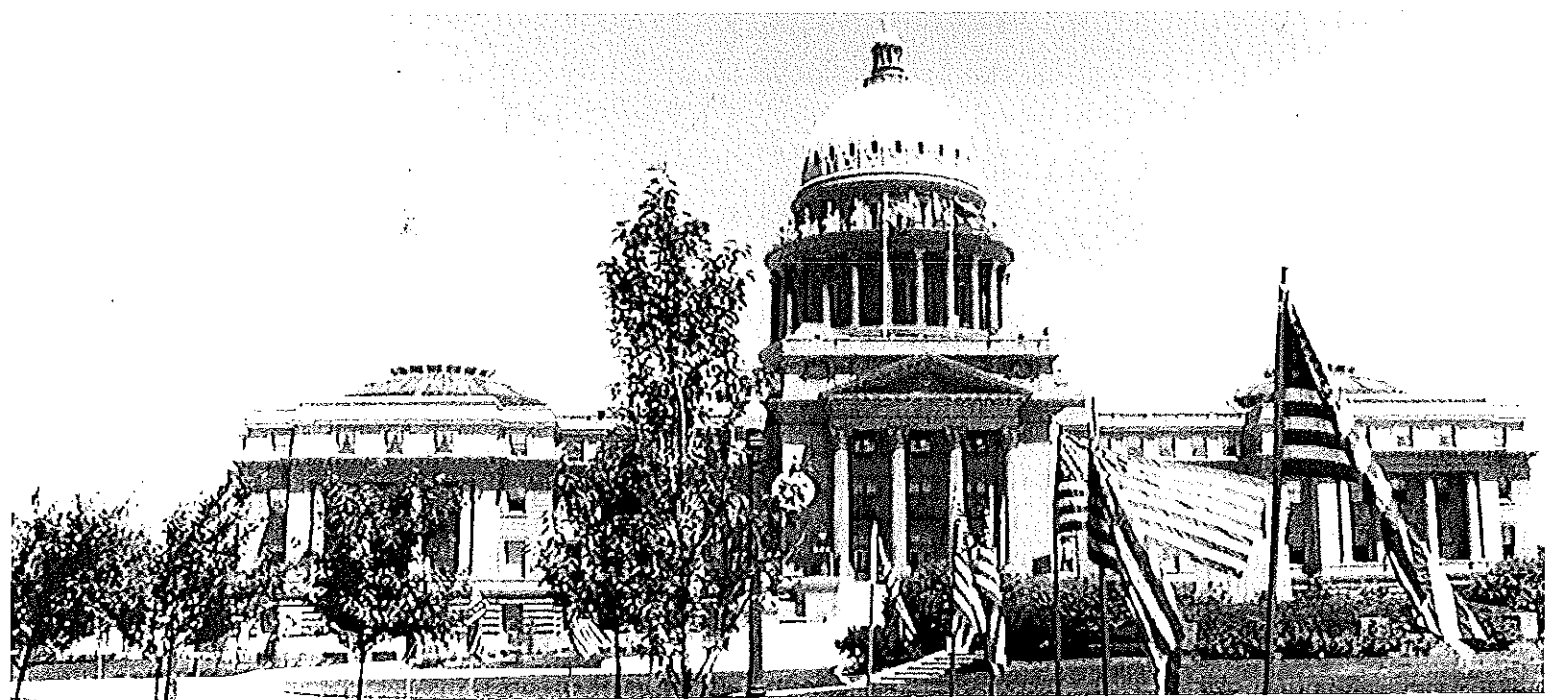
	Client Region	Provider Region
Region 1	109	118
Region 2	49	50
Region 3	183	202
Region 4	262	249
Region 5	77	75
Region 6	136	137
Region 7	88	94
Region None	17	0
Total	921	921

Fiscal Data is based on BPA's Claims Report for period of 6/7/13 to 8/15/13

Idaho State Planning Council on Mental Health

FY2013 Report to the Governor and State
Legislature

June 2013



“Simply put, treatment works.”*

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INTRODUCTION

The Idaho State Planning Council on Mental Health (Council) was established pursuant to Public Law 99-660 and was placed into Idaho Code (IC 39-3125) in 2006. Appendix 2 contains a list of the current members of Planning Council members. PL 99-660 and IC 39-3125 together structure the Council's membership. As defined by both state and federal law, the purpose of the Council is to:

- Serve as an advocate for adults diagnosed with a severe mental illness, for children and youth diagnosed with a serious emotional disorder and educate the public and others; Advise the state mental health authority on issues of concern, policies and programs;
- Provide guidance to the mental health authority in the development and implementation of the state mental health systems plan;
- Monitor, review and evaluate the allocations and adequacy of mental health services within the state on an ongoing basis;
- Present to the Governor and Legislature an annual report on the Council's perspective on the impact mental health services has on the quality of life of Idaho citizens.

The Idaho State Planning Council on Mental Health remains the single strongest, collaborative voice advocating for state-of-the-art services and recovery-focused opportunities for persons and families in Idaho affected by mental illness. Our strength is in our diverse membership which provides statewide presentation from both mental health-related agencies and consumers and family members. Our members possess a profound understanding of the issues associated with the recovery of both youth and adults with mental illness. We are a resource to policy makers at the state and local level as they seek to address the mental health and substance abuse needs to our state and communities. Council members are represented on regional mental health boards and provide statewide continuity and communication across our state.

Because of our deep appreciation of mental health issues, we understand that mental health is part of overall health. Unlike physical health problems, mental illness requires more than traditional medical interventions. Communities that are successful in promoting individuals' recovery from mental illness find ways to provide supportive housing and employment and peer support in addition to services typically covered by health insurance plans. Recovery-oriented services in the long run save community's money as they prevent more costly interventions such as hospitalizations.

Executive Summary

Idaho State Planning Council on Mental Health Activities FY13

SIGNIFICANT EVENTS OF THE YEAR

Three significant events affecting mental health services in Idaho occurred during the FY13 fiscal year. First, the move Medicaid into a contracted managed care system moved forward. The Council is keeping a careful eye on the **Medicaid managed care** contract that is in process at the time of the writing of this document. We are hopeful that the new system will increase rather than decrease the availability of providers to eligible individuals and families. We participated in Technical Assistance on Medicaid Managed care last year. We are aware that other states have moved in this direction without significant negative impact on Medicaid recipients who qualify for these benefits if the managed care contract is written with consumer needs as a priority.

The second significant event affecting mental health services in Idaho was the introduction of the **Behavioral Health Transformation legislation**. Council has been and continues to support the concept of behavioral health which combines mental health and substance abuse programming. We were in the forefront of advocating for "co-occurring" programming for individuals with both mental health and substance abuse treatment needs. We have continued to encourage the legislative changes needed to transform our Council into a true Behavioral Health Planning Council whose mission is to address and improve the full spectrum of behavioral health programs available in Idaho. We supported the Behavioral Health Transformation Legislation. As the legislation is reintroduced during the next legislative session, we hope regions will have the flexibility to expand services to include not just adults with Serious and Persistent Mental Illness (SPMI), but also those with Serious Mental Illness (SMI), a group of individuals with slightly less severe symptoms. By allowing flexibility in the regions, the funding for expansion of such services would also be given to the regional Behavioral Health Authorities. Finally, the Council wholeheartedly supports the need for allocation of at least \$50,000 per region for the development of the Behavioral Health regional boards proposed in the legislation. While several regional mental health boards and substance abuse councils have started to meet together, these early meetings indicate that technical assistance and administrative support will be required in order for the two missions to be fully merged.

Finally, the availability of a **Suicide Hotline** in Idaho has been a positive addition to statewide services. The Council has promoted the development of this service to assist Idaho citizens in

crisis and provide support for them and their families. We STRONGLY encourage the development of improvements in our crisis response system. Specifically, we support the development of PLACES where individuals in crisis can go short of hospitalization. **Voluntary Crisis Centers**, have been found to serve this purpose in other states. We STRONGLY recommend support for a funding decision unit to establish such centers in Idaho should it be submitted.

The Early Intervention Specialist – clinicians in school to serve at risk youth, which has had a three year pilot and demonstrated cost effective outcomes (ID Code16-2404a). For FY 14 we STRONGLY encourage funding for and implementation of Early Intervention Specialists in middle schools and high schools in order to identify and assist at risk youth.

COUNCIL ONGOING ACTIVITIES

- The Council has continued to have representation on the Governor's Behavioral Health Interagency Cooperative Committee, with one of our members, Teresa Wolf, providing regular input and participation.
- The Council provided education on behavioral health issues through presentations to the Governor's Health Task Force, and the Legislative Subcommittee on Health.
- In our effort to reward individuals and agencies who have provided exemplary advocacy for/about mental health issues, the Council continues to confer annual awards in four areas: Legislative, Media, Judiciary and Community Advocacy.
- The Council emphasized stewardship of funds in a time of reductions in all departments by prudent use of teleconference connections rather than more expensive flights/lodging gatherings to conduct business.
- The Council has identified gaps and needs in publically funded services together with the Regional Mental Health boards. It is now up to local communities to find ways to address the gaps and needs through regional collaborations. Through representation on regional boards, the Council will assist local efforts and provide communication and support across the state.
- The Council supported the development of a System of Care for the citizens of Idaho impacted by mental illness, and we worked to improve community education about mental health with special emphasis on trying decrease the stigma associated with mental illness in many sectors of our communities.
- The Council supported maintaining reliable data to assess improvements and service gaps. We will continue to support improved data collection systems that reliably report

service outcomes and monitor the impact of decreases in state funding for mental health services.

- The Council worked to promote a common understanding that children and youth diagnosed with emotional, behavioral or mental health challenges did not choose to develop an emotional, behavioral or mental health challenge and should not be shamed or isolated because of their illnesses or challenges. They have caregivers that deeply love their children and did not cause their child's emotional, behavioral or mental health challenge and should not be shamed or isolated for caring for their children that have illness or challenges. These young Idahoans have strengths and make valuable contributions to their families and in their community. They have a right to safely participate in community life, live with their families and attend school. They come from diverse backgrounds and must be treated with dignity and respect, and they must receive all the services and supports necessary to achieve their potential to enjoy life as caring and contributing members of their community.
- The Council recognizes that utilizing Peer Support Specialists (people in recovery) in the behavioral health work force is critical for individuals served. The Council recognizes that services provided by peer staff generate equivalent outcomes as those services provided by non-peer staff in similar roles (Davidson, 2012). The Council supported the utilization of Peer Support Specialists and will work to promote utilizing them in all aspects of mental health and substance abuse treatment programs.
- The Council believes that early intervention, community-based services, and seamless/coordinated access to care result in improved outcomes, reduced hospitalizations and overall revenue savings. We continue to advocate for Legislative support for early access to community-based treatments for low income and uninsured individuals as well as Medicaid- eligible persons with mental health and substance use disorders. Currently our mental health system focuses on crises, which are more costly.

FY14 COUNCIL GOALS

In addition to continue to support the Behavioral Health Transformation legislation, monitor the Medicaid managed care implementation, and advocate for the development of peer run Voluntary Crisis Centers, the Council will be working to accomplish the following goals for the reasons stated below.

Goal 1.

Implement at least one new program in each region that has proven efficacy and measurable outcomes.

Goal 2.

Assure that Idaho's behavioral health care system develops into a system that is trauma-informed. Increase the number of mental health and substance abuse providers who attend trauma-informed training.

Goal 3.

Limited safe and affordable housing and employment opportunities for individuals living with severe mental health and substance use disorders are available statewide. Increase one affordable housing and employment opportunity for persons with serious mental illness in each region.

Goal 4.

Closing gaps in the services provided for children and youth suffering from mental illnesses. Increase at least one respite care provider in each region of the state.

Goal 1: Promotion and support for services with proven positive outcomes.

Mental illness is treatable. Recovery from mental illness symptoms is possible when access to appropriate treatments and recovery supports are available. The Council is interested in adding services to the public mental health system, but the services that are added should be proven to be effective and are evidence based (EBT). The Substance Abuse and Mental Health Services Administration (SAMHSA)* publishes a list of treatment programs that have been found to have empirical support for their effectiveness in addressing the needs to adults and children impacted by mental illness. In addition to treatment, other community interventions are needed to assist individuals and families affected by mental illness. The following is a partial list of the programs/services that have been shown to be effective in decreasing costly re-hospitalizations and incarcerations, and that have been of particular interest of the Council.

- Respite Care for Families
- Peer Support Specialists and Family Support Specialists
- Trauma-Informed Treatment
- Specialty Courts (Mental Health Court; Drug Court)
- Community Intervention Training (CIT) for law enforcement

The Council conducted an informal survey of the availability of these effective programs. The outcome of our survey indicated that these programs are not yet available to all Idaho citizens, particularly those who live in rural areas.

Respite: The Idaho Federation of Families is contracted with DHW to do Respite Care Training in the state. Training webinars occur monthly, and usually have 1 to 4 participants. Once they finish the training, they must pass a background check. The Federation's Boise office keeps an updated list of trained providers for each region of the state.

Peer Support: The Idaho Peer Specialist Training and Certification Program offers training on an annual basis. State funding covers the training of 14 persons per year -- two from each of Idaho's seven mental health service regions. The five-day course teaches the concepts and stages of recovery; the role of a Peer Specialist; skills in effective listening, goal setting,

problem-solving, and promoting whole health; Peer Specialist ethics; and other topics. Those who complete the course are invited to take a Certification exam to become eligible for employment as a Certified Peer Specialist. Most regions employ part time peer specialists who work with the Assertive Community Teams. Reimbursement for the work provided by peer specialists remains a problem in Idaho.

Trauma Informed Care: Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. The purpose of trauma informed care is to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?" SAMHSA has established a National Center for Trauma-Informed Care. Our regional mental health staff have been participating in trauma informed care training. Following recent staffing changes at the regional level, the availability of state funded providers who have undergone such training is limited to the population centers in the region.

CIT: The State Planning Council encourages all communities in Idaho to organize Crisis Intervention Training (CIT) of law enforcement. CIT allows law enforcement the opportunity to learn and develop methods to better assess the needs of individuals in crisis and get them to appropriate resources in an effort to avoid, in some cases, unnecessary hospitalizations.

Goal 2. Access to Safe and Affordable Housing, and Employment Opportunities

Unlike persons affected by physical illnesses, recovery from symptoms of mental illness requires supports above and beyond medicine and services that can be provided in a hospital or doctors office. The additional services are not covered by health insurance, including government insurance such as Medicaid, because they are beyond the scope of a typical medical treatment. Housing and supported for persons with mental illness is an example of a needed and in some case critical service to assist individuals who are recovering from their symptoms of mental illness. Available transitional housing following hospitalization or incarceration and movement into permanent, affordable housing continues to be a significant gap within the regions. It is important that once a person has received treatment, he/ she is properly integrated into normal activities. If a person does not have proper housing, even for the short term, he or she is at risk of relapsing and again requiring assistance from family, agencies, local hospitals, law enforcement and counties. Fear and perceived public safety should not be the driving force to promote jail or prison over access to safe and affordable housing. There is a greater number of homeless in Idaho than the number of available and affordable housing units.

Stable, affordable, and suitable housing is a key component to the overall health and wellbeing of any individual. It is a major factor in the ability of an individual with mental illness to move with some degree of success towards recovery. People who have a mental illness often experience interruption in relationships and are denied the feelings of satisfaction that come with being employed, feeling safe, having regular meals, permanent housing, or sleeping in a bed that is their own. The Homeless Resource Center and SAMSHA report that for chronically homeless

individuals, the nationally-reported average is that 30% of the homeless are also experiencing a mental health condition, and about 50% have co-occurring substance use disorder problems:

"A considerable amount of public dollars is spent essentially maintaining people in a state of homelessness," said the study lead author, Dennis P. Culhane, associate professor of social welfare policy at the University of Pennsylvania. "What this study proves is that by putting those same dollars into supportive housing, the solution can pay for itself. States and the federal government should follow New York's lead and do the right thing here. The public good demands it." A study for Mental Health Policy and Services Research concludes that, "on average, the homeless mentally ill use \$40,500 a year in public funds for shelter, jail and hospital services. But providing them with supportive housing would cost the same amount while also providing them with comprehensive health support and employment services."
[University of Pennsylvania]

The Council believes that transitional housing, with access to permanent and affordable housing, remains a key element in the recovery process for individuals living with serious mental illness. We encourage the Legislature to compare the costs of incarceration, hospital-based care and prolonged contact with court systems to the cost of one month in rental assistance and community-based services. Programs like ShelterPlus Care are documented as being very effective in Idaho; identifying the costs of communities establishing individual housing options is to be kept in the equation for Idaho. Finally, establishing more supportive employment opportunities for eligible recipients can provide them with personal accomplishments and financial means that will help them sustain their homes. We are pleased that Idaho has Medicaid for Workers with Disabilities, known as the Medicaid buy-in option. It is important that individuals with disabilities be encouraged to utilize this opportunity in order to assist them in long term employment.

3. Seriously Limited Services for Children and Youth

Identified Gaps and Needs:

Changes in Medicaid services will have potential impact on the adequacy of services to our youth. Medicaid Developmental Therapy may no longer be available in schools. Psychosocial Rehabilitation (PSR) certification may not be billable in schools by 2014. Without assistance local school districts with large numbers of youth in foster care, group homes, that need educational services will not be able to meet the needs of this special group of youth.

Cultural competency in our children's mental health programs need to be improved. Latino and Native children not well accommodated. Youth struggling with sexual orientation issues also need to be addressed.

Improved mental health services, including prevention oriented programming, for our youth should be a priority in Idaho's educational system. Such programs include Bullying Awareness and support for extracurricular activities and the necessary resources to participate in social and wellness activities, e.g., sports, music, community activities, and competitions.

CONCLUSION

The Idaho State Planning Council on Mental Health believes it is of utmost importance to keep the "vision" of the Interagency Cooperative in the forefront of all agendas of proposed system changes: Idaho citizens and their families have appropriate access to quality services provided through the publicly funded mental health and substance abuse systems that are coordinated, efficient, accountable, and focused on recovery. The Council reported in the FY2011 and FY2012 Governor's Report the necessity of the State leadership to believe in and support this vision. **The Council's position on this issue has not changed.** [Behavioral Health Transformation Work Group 2010]

The Council's prior reports to the Governor and State Legislature provided an overview of the issues and problems arising from the budgetary cuts to the state mental health system. The issues from those reports remain the same, and the Council believes more problems are inevitable, as demonstrated in the gaps, and needs analyses we have conducted within our regions. The state continues to fund services for crises and has failed to find ways to avoid costly hospitalizations.

The Council supports the concept of Behavioral Health Transformation. In anticipation of the successful passage of the Behavioral Health Transformation legislation, we are moving forward with plans to change the Council from a Mental Health Council to a Behavioral Health Council that oversees issues related to mental health, substance use disorders and co-occurring diagnoses. This change will help the Council be more in line with the direction taken by the SAMHSA and moves the Council a step closer to transformation.**

The Council is committed to improve the services available to persons and families affected by mental illness in Idaho. These specialized services are targeted to a sector of Idaho citizens whose needs are frequently misunderstood and often overlooked until tragedy occurs. We commit our service to the Governor's Office and the Legislature as we all seek to improve mental health services in Idaho.

*SAMHSA, National Registry of Evidence-based Programs and Practices (NREPP)
<http://www.nrepp.samhsa.gov>

**Michael J. Fitzpatrick, executive director of NAMI National, National Alliance on Mental Illness, Grading the States 2006, Arlington, Va.

APPENDICES

Appendix 1 – Idaho Code 39-3125

TITLE 39

HEALTH AND SAFETY CHAPTER 31

REGIONAL MENTAL HEALTH SERVICES

39-3125.STATE PLANNING COUNCIL ON MENTAL HEALTH. (1) A state planning council shall be established to serve as an advocate for adults with a severe mental illness and for seriously emotionally disturbed children and youth; to advise the state mental health authority on issues of concern, policies and programs and provide guidance to the mental health authority in the development and implementation of the state mental health systems plan; to monitor and evaluate the allocation and adequacy of mental health services within the state on an ongoing basis; to ensure that individuals with severe mental illness and serious emotional disturbances have access to treatment, prevention and rehabilitation services including those services that go beyond the traditional mental health system; to serve as a vehicle for intra-agency and interagency policy and program development; and to present to the governor and the legislature by June 30 of each year a report on the council's achievements and the impact on the quality of life that mental health services has on citizens of the state.

(2) The planning council shall be appointed by the governor and be comprised of no less than fifty percent (50%) family members and consumers with mental illness. Membership shall also reflect to the extent possible the collective demographic characteristics of Idaho's citizens. The planning council membership shall strive to include representation from consumers, families of adult individuals with severe mental illness; families of children or youth with serious emotional disturbance; principal state agencies including the judicial branch with respect to mental health, education, vocational rehabilitation, criminal justice, title XIX of the social security act and other entitlement programs; public and private entities concerned with the need, planning, operation, funding and use of mental health services, and related support services; and the regional mental health board in each department of health and welfare region as provided for in section 39-3130, Idaho Code. The planning council may include members of the legislature and the state judiciary.

(3) The planning council members will serve a term of two (2) years or at the pleasure of the governor, provided however, that of the members first appointed, one-half (1/2) of the appointments shall be for a term of one (1) year and one-half (1/2) of the appointments shall be for a term of two (2) years. The governor will appoint a chair and a vice-chair whose terms will be two (2) years.

(4) The council may establish subcommittees at its discretion. 2010 Idaho State

Appendix 2: Council Roster

Idaho State Planning Council on Mental Health 2012

Appendix 2 – Membership Name	Agency or Organization Represented	City
Martha Ekhoﬀ Acting Chair	Region IV MH Advisory Board Consumer	Boise
Stan Calder Executive Committee	Region I MH Advisory Board - Consumer	Coeur d'Alene
Rick Huber/Transformation Chair Executive Committee	Region V Advisory Board -Consumer	Rupert
Linda Hatzenbuehler Executive Committee	Region VI Advisory Board	Pocatello
Lynne Whiting Children's Chair Executive Committee	Region VII Advisory Board – Family/ Agencies/ CMH service provider	Blackfoot
Teresa Wolf Executive Committee – Ex-Officio	Social Services	Lewiston
Linda Johann	Region I Advisory Board - Family	Coeur d'Alene
Jennifer Griﬀis	Region II Advisory Board – Family	Lewiston
Amber Seipert	Region II Advisory Board – Parent	Lewiston
Lisa Koltes	Region III Advisory Board – Division of Behavioral Health	Caldwell
Phyllis Vermilyea	Region III Advisory Board - Education	Nampa
	Region IV Advisory Board – Family	Boise
Vacancy	Region V Advisory Board	
Captain Rick Capell	Region VI Advisory Board – Family/Law Enforcement/Corrections	Pocatello
Recommendation	Region VII Advisory Board	Idaho Falls
Julie Williams	Housing	Boise
Pat Martelle	Division of Medicaid	Boise
Gary Hamilton	Division of Vocational Rehabilitation	Coeur d'Alene
Kathie Garrett	Suicide Prevention Council – Advocacy	Boise
EX-OFFICIO		
Ross Edmunds	Administrator of Division of Behavioral Health	Boise
Cynthia Clapper	Adult MH Program	Boise
Rosie Andueza	Substance Use	Boise
Casey Moyer	Mental Health Policy	Boise
Vacancy	Judiciary	
Vacancy	House Health & Welfare Committee	
Vacancy	Senate Health & Welfare Committee	

Idaho Awarded SAMHSA Grant

Transitional Age Youth Treatment

Regions 2 & 4 Pilot Project

The Division of Behavioral Health (DBH) began sponsoring

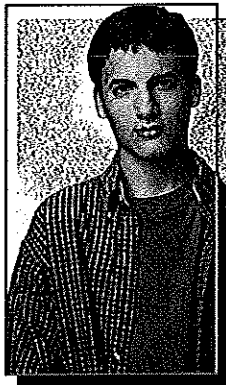
implementation of the Parenting with Love and Limits (PLL) EBP for youth 10-17 in 2008. PLL provides parenting management group therapy, family therapy and wound work.

The PLL program has improved family involvement, reduced treatment periods and costs of care and tracked accountabil-

ity. Graduates demonstrate reductions in delinquency, acting out at

home and school related offenses. Similar behavioral concerns related to substance use, delinquency and family conflict exist for transitional aged youth ages 18-24 and their families, but there are

no EBP behavioral health services in Idaho that are specifically for this population.



The Division of Behavioral Health applied for and received a grant to implement the Idaho Youth Treatment Program (IYTP). The purpose of the IYTP is to improve quality treatment for transitional age youth with substance use disorders (SUD) and/or co-occurring SUD and mental health diagnoses and their families.

The Division will offer a Request for Proposals (RFP) to identify providers to implement the evidence based practice (EBP) of the Adolescent Community Reinforce-

ment Approach (A-CRA) for transitional aged youth 18-24 with substance abuse or co-occurring diagnoses and their families in Region 2 (i.e., Clearwater, Idaho, Latah, Lewis and Nez Perce counties) and Region 4 (i.e., Ada, Boise, Elmore, and Valley counties). A full time Project Coordinator will be hired to facilitate dissemination of IYTP data and outcome information to regional Behavioral Health Boards, the state Behavioral Health Planning Council and other stakeholders.

In addition to hiring a project coordinator and releasing the RFP, the two pilot sites will be up and serving at least 20 families in the first year. At least 200 transitional aged youth will be served in year 2-4 of the grant with a total of 620 to be

served during the pilot process.

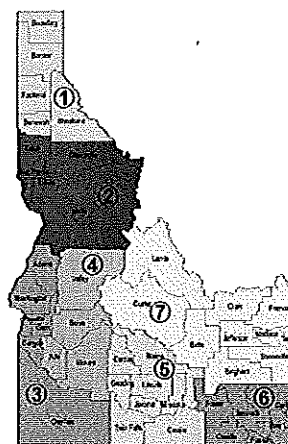
As our Behavioral Health system continues to implement changes that align with our transformed system model, we enthusiastically embark on this project.

More information includ-

ing details and announcements will be forthcoming. In the interim if you have questions, please contact the Principle Investigator:

Cynthia Clapper, PhD

ClapperC@dhw.idaho.gov





Region 7 Combined Mental Health Board and RAC meeting

09.13.2013

150 Shoup Ave., 2nd floor conference room

Mental Health Board Members in Attendance: Janet Goodliffe, Crista Henderson, Shawna Tobin for Kelly Keele, Teriann Parker, Paul Roberts, Randy Rodriguez, Todd Smith

Guests in Attendance: Annie Ballard, Corinne Bird, Larry Bradley, Chris Brayton, Lisa Bridges, Kellie Brown, Adelle Clawson, Lisa Coffman, Becky DiVittorio, Kenna Dressen, Hollie Gray, Jeni Griffin, Chris Harris, Marlene Harris, Roma Hawkins, Lauri Hayes, Doug Hulett, Devere Hunt, Paul Hymas, Kama Johnson, Dave Klepich, Shawn LaPray, Becky Leatham, Pat Martelle, Alisha Passey, Lela Patteson, Jill Payne, Dave Peters, Jana Pickering, Brenda Price, Gary Rillema, Robert Sidwell, Robert Siddoway, Brenda Valle

Meeting was opened by Paul Roberts and introductions were made.

Minutes were read and a motion to accept the minutes was made by Janet Goodliffe and seconded by Randy Rodriguez. Minutes were approved by a vote.

Paul said that the State Planning Council on Mental Health would like each region to discuss whether they would like to do a legislative event locally or do a combined event in Boise. Brenda will send it out for a vote via email.

Pat Martelle introduced Chris Brayton and Lela Patteson. They are Program Specialists for the Medicaid division of Mental Health and Substance Abuse. They will be attending the Behavioral Health Board meetings in Regions 5, 6 & 7 to be a resource.

Presentation by Becky DiVittorio, Executive Director – Optum Idaho

- Family Support Specialists will be a component that will be developed over the next year. Optum is sending some staff to Tennessee for this training.
- Nurse Practitioners will be able to do med management via telemedicine.
- Becky recommends that the regions invite Martha Eckhoff to help understand the concepts of recovery and resiliency and how to make that work. Martha was previously over the Peer Specialist program with Mountain States before hiring on with Optum Idaho.

Q&A portion of the presentation

Can you give an example of a demonstration project for agencies?

The demonstration projects that Optum supports will depend on the needs assessment for the region and the agency strengths.

Do you have any advice for families who are being marketed to for services?

They can call the member line or they can go through their primary care provider for a referral.

How are you going to work on discharges from facilities?

We should work on that as a group collaboration between the communities, the Behavioral Health Board and Optum.

Does any Peer Specialist training qualify?

Only the Peer Specialist training offered by Mountain States Group is accepted by Optum.

The SUDs group code pays for one hour of counseling per day. Clients often need to do two groups in a day, which helps them to maintain their employment. What are providers supposed to do for the clients?

IOP isn't a Medicaid benefit. Brenda Valle will follow up on this. SUD services are now being operated like a health plan.

Clients on Katie Beckett are not showing up on the Medicaid list when we check. Is this program not covered through Optum?

They don't necessarily have to show up if they are in a different Medicaid plan. Providers need to confirm coverage every time before services are provided because change to eligibility can happen overnight.

Jeni Griffin provided a one-hour QPR (Question, Persuade, Refer) suicide prevention training for the group.

Meeting was adjourned.